Revision: HCFA-PM-87-4 MARCH 1987

(BERC)

OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program

State/Territory:

West Virginia

TABLE OF CONTENTS

<u>SECTION</u>										:	PA	GE	NUMBERS
State Plan Submittal Statement	•	•	•		•	•				•	•		1
SECTION 1 - SINGLE STATE AGENCY ORGANIZATION	•	•		•		•	•		•	•	•		2
1.1 Designation and Authority	•	•	•		•	•	•	•	•			•	2
1.2 Organization for Administration	•				•	•				•			7
1.3 Statewide Operation	•	•	•	•			•	•					8
1.4 State Medical Care Advisory Committee												_	9

i

TM	No.	3	1-3
Su	perse	edes	3
TN	No.		

Approval Date

Effective Date APR 01 1987

HCFA ID: 1002P/0010P

Revision: HCFA-PM-87-4 (BERC)

MARCH 1987

OMB No. 0938-0193

SECTION PAGE IN	UMBERS
SECTION 2 - COVERAGE AND ELIGIBILITY	0
2.1 Application, Determination of Eligibility and Furnishing Medicaid	o
2.2 Coverage and Conditions of Eligibility	2
2.3 Residence	3
2.4 Blindness)
2.5 Disability	i
2.6 Financial Eligibility	,
2.7 Medicaid Euroiched Out of State	

ii

TN No. \$1-2 Supersedes TN No.

Approval Date MAR 22 1988

Bffective Date

HCFA ID: ' 1002P/0010P

Revision: HCFA-PM-87-4 (BERC) MARCH 1987	OMB No. 0938-0193)193
SECTION	PAGE NUMBERS	<u>s</u>
SECTION 3 - SERVICES: GENERAL PROVISIONS	19	
3.1 Amount, Duration, and Scope of Services	19	
3.2 Coordination of Medicaid with Medicare Part B	29	
3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases	30	,
3.4 Special Requirements Applicable to Sterilization Procedures	31	
3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries	31a	
3.6 Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility Period	31Ъ	

iii

TN No. 37-2Supersedes
TN No. _____ Approval Date MAR 22 1988 Effective Date APR 0 1 1987
TN No. _____ HCPA ID: 1002P/0010P 0010P

MARCH 1987

SECTION	PAGE NUMBERS
SECTION 4 - GENERAL PROGRAM ADMINISTRATION	 32
4.1 Methods of Administration	 32
4.2 Hearings for Applicants and Recipients	 33
4.3 Safeguarding Information on Applicants and Recipients	 34
4.4 Medicaid Quality Control	 35
4.5 Medicaid Agency Fraud Detection and Investigation Program	 36
4.6 Reports	 37
4.7 Maintenance of Records	 38
4.8 Availability of Agency Program Manuals	 39
4.9 Reporting Provider Payments to the Internal Revenue Service	 40
4.10 Free Choice of Providers	 41
4.11 Relations with Standard-Setting and Survey Agencies	 42
4.12 Consultation to Medical Facilities	 44
4.13 Required Provider Agreement	 45
4.14 Utilization Control	 46
4.15 Inspections of Care in Skilled Nursing and Intermediate Care Facilities and Institutions for Mental Diseases	 51
4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees .	 52
4.17 Liens and Recoveries	 53
4.18 Cost Sharing and Similar Charges	 54
4.19 Payment for Services	 57
iv	
W W 91 2	

Supersedes TN No.

Approval Date MAR 22 1988 Refrective Date

HCFA ID: 1002P/0010P

MARCH 1987

	SECTION	PAG	E NUMBERS
4.20	Direct Payments to Certain Recipients for Physicians' or Dentists' Services	•	. 67
4.21	Prohibition Against Reassignment of Provider Claims	•	. 68
4.22	Third Party Liability	•	. 69
4.23	Use of Contracts		. 71
4.24	Standards for Payments for Skilled Nursing and Intermediate Care Facility Services	•	. 72
4.25	Program for Licensing Administrators of Nursing Homes		. 73
4.26	RESERVED		. 74
4.27	Disclosure of Survey Information and Provider or Contractor Evaluation		. 75
4.28	Appeals Process for Skilled Nursing and Intermediate Care Facilities		. 76
4.29	Conflict of Interest Provisions		. 77
4.30	Exclusion of Providers and Suspension of Practitioners Convicted and Other Individuals		78
4.31	Disclosure of Information by Providers and Fiscal Agents		79
4.32	Income and Eligibility Verification System		. 79
4.33	Medicaid Eligibility Cards for Homeless Individuals		. 79a

TN No. 87-7 Supersedes TN No. ___

Approval Date MAR 22 1988

Effective Date

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No. 0938-0193

vi

TN No. 812 Approval Date MAR 2
TN No.

MAR 22 1988 Effective Date Al

APR 01 1987

(BERC) Revision: HCFA-PM-87-4 **MARCH 1987**

OMB No. 0938-0193

SECTION											Ē	PAC	GB	NUMBERS
SECTION 6 - FINANCIAL ADMINISTRATION														83
6.1 Fiscal Policies and Accountability		•		•							•	1.		83
6.2 Cost Allocation	•	•	•		•		•	•	•		•			84
6.3 State Financial Participation		•	•	•		•		•	•	•	•	•	•	85

3)

vii

TN No. 87-2 Supersedes

Approval Date MAR 22 1988 Effective Date

HCFA ID: 1002P/0010P

Revision	: HCFA-PM-91 August 1991	(BPD)					(MI	ВІ	NO.	• '	J 9 .	38	-
	SECTION							PA	AGE	<u> </u>	TUI!	1BI	ERS	<u> </u>
SECTION	7 - GENERAL PROVISIO	NS .												86
7.1	Plan Amendments													86
7.2	Nondiscrimination .													87
7.3	Maintenance of AFDC	Effort	:											88
7.4	State Covernor's Pou	1 011												99

viii

TN No. 94-15
Supersedes Approval Date
TN No. 87-02 Effective Date ________ 1 1000 HCFA ID: 7982E

OMB No.: 0938-Page 1 Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

LIST OF ATTACHMENTS

<u>No</u> .	Title of Attachment
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	* Supplement 1 - Reasonable Class fications of Individe 1s under the Age of 21, 20, 19 and 18 * Supplement 2 - Definitions of Blindness and Disability (Territories only) * Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (States only)
	* Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	* Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
	• Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	 Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program
*Forms	Provided

TN No. 93-12 Supersedes TN No. 87-02 Effective Date DDT 6 1 Approval Date

HCFA ID: 7982E

 $\tilde{\gamma}_{0,m}$

OMB No.: Revision: HCFA-PM-91-8 (MB) October 1991 Page 2 Title of Attachment No. * Supplement 5 -Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program Methodologies for Treatment of Resources for ♦ Supplement 5a-Individuals With Incomes Up to a Percentage of the Federal Poverty Level Standards for Optional State Supplementary • Supplement 6 -Payments * Supplement 7 -Income Levels for 1902(f) States -Categorically Needy Who Are Covered under Requirements More Restrictive than SSI Supplement 8 ~ Resource Standards for 1902(f) States -Categorically Needy * Supplement 8a-More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act * Supplement 8b-More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act Suppl ment 9 -Transfer of Resources * Supplement 10-Consideration of Medicaid Qualifying Trusts--Undue Hardship Cost-Effective Methods for COBRA Groups Supplement 11-(States and Territories) *2.6-A Eligibility Conditions and Requirements (Territories only) Supplement 1 -Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries Supplement 2 -Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid * Supplement 3 -Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy * Supplement 4 -Consideration of Medicaid Qualifying Trusts--Undue Hardship Supplement 5 -More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act ♦ Supplement 6 -More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act *Forms Provided Approval Date FEB 14 1994 TN No. Effective Date OCT 0 1 1003 Supersedes TN No. 87-02HCFA ID: 7982E

Mintering

Revision: $\frac{\text{HCFA-PM-91-4}}{\text{AUCUST}}$ (BPD) OMB No.: 0938-Page 3

No.

Title of Attachment

- *3.1-A Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
 - * Supplement 1 Case Management Services
 Supplement 2 Alternative Health Care Plans for Families
 Covered Under Section 1925 of the Act
- *3.1-B Amount, Duration, and Scope of Services Provided Medically Needy Groups
- 3.1-C Standards and Methods of Assuring High Quality Care
- 3.1-D Methods of Providing Transportation
- *3.1-E Standards for the Coverage of Organ Transplant Procedures
- 4.11-A Standards for Institutions
- 4.14-A Single Utilization Review Methods for Intermediate Care Facilities
- 4.14-B Multiple tilization Review Methods for Intermediate Car Facilities
- 4.16-A Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
- 4.17-A Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home
- *4.18-A Charges Imposed on Categorically Needy
- *4.18-B Medically Needy Premium
- *4.18-C Charges Imposed on Medically Needy and other Optional Groups
- *4.18-D Premiums Imposed on Low Income Pregnant Women and Infants
- *4.18-E Premiums Imposed on Qualified Disabled and Working Individuals
- 4.19-A Methods and Standards for Establishing Payment Rates Inpatient Hospital Care

*Forms Provided

TN No. 93-12
Supersedes Approval Date FEB 14 1994
TN No. 87-04

Effective Date

HCFA ID: 7982E

garge.

Revision: HCFA-PM-91-8 (MB)

October 1991

OMB No.: Page 4

No.

Title of Attachment

- 4.19-B Methods and Standards for Establishing Payment Rates Other Types of Care
 - * Supplement 1 Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
- 4.19-C Payments for Reserved Beds
- 4.19-D Methods and Standards for Establishing Payment Rates Skilled Nursing and Intermediate Care Facility Services
- 4.19-E Timely-Claims Payment Definition of Claim
- 4.20-A Conditions for Direct Payment for Physicians' and Dentists' Services
- 4.22-A Requirements for Third Party Liability--Identifying Liable Resources
- *4.22-B Requirements for Third Part, Liability--Payment of Claims
- *4.22-C Cost-Effective Methods for Employer-Based Group Health Plans
- *4.32-A Income and Eligibility Verification System Procedures: Requests to Other State Agencies

ુંનુખાઇડી

- *4.33-A Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
- 7.2-A Methods of Administration Civil Rights (Title VI)

*Forms Provided

TN No. 93-12 FEB 1 4 1994 Supersedes Approval Date

Effective Date

OCT 0 1 1993

HCFA ID: 7982E

TN No. 87-04

į